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SECRETS-E-C-R-E-T

50X1-HUM

The most general symptom is the sudden onset with quickly rising temperature, sometimes accompanied by chills. The patient suffers from severe headaches. The skin is dry, the face is reddened and becomes puffy. The tongue quickly becomes covered with a greyish-brown coating. Because of swelling of the mucous membranes of the nose, the patient breathes through the mouth. The pulse speeds up as the temperature rises. In 4-6 days, roseolas appear on the thorax, on the body, and in the elbow bends; later, a nettle rash appears. In rare cases, where there is no rash, it may be produced artificially, by tying up the arm above the elbow. The general condition of the patient is usually serious; excitement is sometimes observed, and insomnia and delirium at night. The fever lasts 10-17 days. In light cases of typhus, all these symptoms are less marked. Knowledge of the symptoms enumerated is sufficient in all cases for suspecting the disease, if not for making a definite diagnosis within the first few days of illness.

The main cause for mistakes in diagnosis is the fact that a number of medical workers at the bedside of a patient who is running a fever forget that he might have an infectious disease and lose sight of this possibility, even if there is a focus of infection which gives rise to analogous illness in persons who live immediately near the patient. For instance, one medical worker kept a typhus patient at home for 8 days, with a diagnosis of flu, and took her to the clinic only for a more precise diagnosis, although at the same time a neighbor in the same apartment had been diagnosed at the clinic as having typhus.

Loss of the attitude of alertness toward typhus, the absence of the feeling of alarm and responsibility for the eradication of the illness, complacency and carelessness, together with long periods between the registration of typhus, are causes of faulty diagnoses encountered.

It is natural that, as a result of such faulty or belated diagnoses, the indispensable antiepidemic measures, above all delousing of the focus of infection, are either not carried out or are undertaken with great delay. It must never be forgotten that typhus can exist only if there is infestation by lice.

Therefore, in the case of patients running a fever, delousing at home must be carried out whenever there is the slightest suspicion of pediculosis. In addition, the medical workers are under obligation in all cases to order the precautionary measures which the persons around the patient should observe up to the moment of his hospitalization and what they should do for extermination of lice. First, the patient's underclothing and bedding must be boiled. The persons around the patient must take a bath and their underclothing must also be boiled. The room is to be treated with a 20-percent mixture of soap and kerosene. For this purpose, two parts of kerosene and one part of household soap are used. The soap is warmed and the kerosene added to it gradually. A uniform thick mass is obtained, which is diluted with hot water before using. To one part of the mass, four or five parts of hot water are added. It is quite obvious that this preliminary sanitary treatment in no way replaces and eliminates the thorough disinfection of the focus combined with the treatment of clothing and other articles in a disinfection chamber.

A merciless fight should be waged against lice. We have every opportunity to do so: both abundant supply of soap as well as a sufficient number of baths and increased prosperity and culture both of the city population and of the kolkhoz villages. Each kolkhoz and each settlement should have a good bathhouse and a small disinfection installation, even if only a primitive one. This simple precaution will undoubtedly lead to the elimination of those negligible cases of infestation with lice, of which individual instances are still being noted.

In addition, people living in public homes and institutions, students, and members of their household should be systematically examined for pediculosis and given treatment, if required.

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S-E-C-R-E-T**SECRET**

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The importance of early hospitalization for the elimination of typhus is a matter beyond doubt. Such hospitalization can be ensured only by an early diagnosis, and for that purpose, it is necessary first of all to establish the cases. It cannot always be hoped that the patient will himself request medical help. For that reason, it is necessary to carry out regular house-to-house inspections of the population in a number of localities, and this is particularly essential at places where there has been even only one case of typhus. In that settlement, these inspections should be carried out daily, and in the neighboring ones, at least twice a week. In locations free from typhus, these control inspections should take place once or twice a month, depending on the epidemiological situation and on the contacts existing between the medical workers and the population. Obviously, these house-to-house inspections should by no means be an aim in themselves. They are necessary and must be carried out especially where there is insufficient contact between the medical workers and the population, i.e., where the latter do not immediately avail themselves of medical assistance, where either the population itself or the Sanitation Delegates (Sanupolnomochennye) do not report illness and where for that reason persons suffering from an infectious disease may be kept at home too long, thus infecting the persons around them.

Every medical worker who has established a typhus patient or a patient suspected of having typhus is obliged to make a preliminary epidemiological examination for establishing the source of infection and of all persons who have come in contact with it. To carry out an intelligent and thorough epidemiological investigation, it is necessary to familiarize oneself with the detailed epidemiological map and to make use of it in carrying out the investigation. In establishing the persons who have come in contact with the patient, one should guide oneself by the following instruction of the Ministry of Public Health on this question: "The opinion propagandized by some people, that the typhus louse usually does not leave the patient and cannot transfer itself to the persons surrounding him, is untrue, contrary to fact, and harmful." Typhus contacts must be looked for not only among the closest relatives or neighbors of the patient, but also among those persons who have been associating with them. In all cases, the spreading of the disease beyond the limits of the focus of infection is the result of the fact that not all those who have been in contact, in the wider sense of the word, with the patient were established and that not all of them were given sanitary treatment at the proper time.

After hospitalization from the focus of infection, or rather, from all the patient's contacts, a long period of observation, 71 days, is instituted. The temperature is taken and the patient is examined for louse infestation for 25 days. If he should run a temperature, he must be hospitalized the same day, and the focus again treated. The focus is also treated again upon discovery of lice.

The population's share in preventing typhus plays a primary role. During World War II, great aid was rendered in this respect by the community organizations, the Sanitation Delegates. Unfortunately, at present the work involving sanitation organizations has slackened to a great extent, while their importance has remained as great as before. Without these organizations, effective house-to-house inspections cannot be organized, since the medical workers are not able to cope with this task by themselves. The required contact with the population can be established only with the help of the sanitary organizations. These organizations help to establish the cases of illness, to hospitalize them, and to treat the focus of infection. Thus they will contribute to the elimination of pediculosis, and will help to inculcate a number of sanitary habits among the population, such as regular change of linen, taking baths, using combs and brushes, soap, etc.

Wide sanitary education work among the population on the question of the typhus prevention is the direct responsibility of the medical workers. By the efforts of all medical workers, and with the help of the population itself, the task of preventing typhus will be fulfilled.

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